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been commonly resorted to. It takes all the effort that their professional brothers and sisters know how to muster to so encompass their lives for a time as to bring them back to even moderate health, and often this cannot be done. But probably it might have been prevented, and by simple means.

In summing the matter up, it seems as if life and health were given us as a trust, and we cannot but be answerable for their proper use: answerable to our families, if by any known available means we can prevent ourselves from becoming either useless or burdensome; answerable to society, if through any neglect or indifference of ours we fail to take our share in the work of life about us. It is a distinct injury to society when we cease to do our own work, and we become still more injurious when, for any reason, we cause others to care for us.

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## PNEUMONIA

By ELIZABETH CAMPBELL GORDON

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(Concluded from page 827)

### THE NURSING OF PNEUMONIA.

HYGIENIC surroundings are of the greatest importance in the nursing of pneumonia. The room, the bed, the person, and the clothing of the patient cannot be too carefully considered. When it is possible, have a room with a fireplace and a southern exposure. Fresh air and sunshine are vital necessities. In no other disease is oxygen a more life-sustaining quantity. Remove all the curtains, pictures, unnecessary furniture, and bric-a-brac: pneumonia is a febrile disease and "pat-terned things" are a serious annoyance and detriment to the patient.

Provide two screens, one to obstruct the draught from the window and the other the draught from the door. It may be necessary to provide a double screen for the window, or to throw a cotton sheet or cotton spread over the single screen to prevent the air blowing directly upon the patient should the wind be strong enough to go through the single screen.

In the *lobar* or *frank pneumonia* admit the air freely to avoid pleuritic complications by guarding against a chill. In lobar pneumonia keep the temperature of the room at sixty-five to sixty-eight degrees.

When *crisis* or *lysis* has taken place and the lung still remains in an *unresolved condition* the patient may be kept entirely in the open air irrespective of temperature. Remove the windows or raise them to their greatest height, and the patient may be placed in a sheltered corner of a veranda or in a tent.

In *bronchial pneumonia* close the window at night and on a dull or cold day. Admit the fresh air warmed from another room, and keep moist at a temperature not less than seventy degrees. We cannot too strongly emphasize that the slightest irritation of chill air will induce a paroxysm of coughing.

It is better at all times to create a draught in the fireplace. Should the weather permit, keep up a constant fire; otherwise a lighted lamp or a single gas-burner will cause sufficient draught for better ventilation purposes.

Clothe the patient in a light flannel night-shirt, even when the bodily temperature is at the greatest height. Have the shirt arranged so that it can be removed without disturbing the patient, and change twice a day and as often as is necessary for sweating. Have the bed-clothing light and warm: a flannelette sheet is better than a cotton sheet. When the temperature is high and the patient restless with fever and delirium, a cradle over the bed from which is suspended small pails of ice may prove grateful and induce sleep and rest. But the daily soap-and-water bath and the frequent sponging must never be neglected. "Bear in mind that the cleansing of the skin induces perspiration, assists desquamation, keeps the pores open, and thus aids the absorption of oxygen as well as the escape of poisonous excretions. Let the skin as well as the lungs act as an oxygen medium." (Gordon, "AMERICAN JOURNAL OF NURSING.")

In the *bronchial pneumonia* give the warm bath and if required a tepid sponge. In *lobar pneumonia* give a warm soap-and-water bath once a day, but the colder the sponge, as a rule, the more grateful to the patient. Frequently a mere streaming of cold water over the hands and arms will quiet restlessness.

For the *dyspnœa* raise the head and shoulders, taking care in so doing to throw the chest forward; on no account must the chest be in a cramped position. Have the patient sitting in a rubber ring, place a pillow under the knees, and elevate the foot of the bed slightly to prevent the patient sliding downward.

If the patient lies on the affected side, support the side with a firm pillow. In *lobar pneumonia* do not in any way confine the chest, and encourage the patient to breathe in all the pure air he can; but where there is intense pain from a traumatic cause or a pleuritic complication

a snug binder reaching from the axillæ to the lower end of the sternum will give great assistance, especially during a paroxysm of coughing.

Attend carefully to the nose, mouth, and gums. It may be necessary to spray the nose and wash the mouth several times a day, but be sure that you keep the air-passages free from obstruction and uncleanliness, otherwise respiration will be hindered and the oxygen contaminated before it reaches the lungs.

It is better to use an alkaline mouth-wash; and for the *tenacious sputum*, which frequently causes the patient so much exhaustion and distress, allow him to swallow a teaspoonful of *hot glycerine and soda bicarbonate*, or use a warm alkaline spray such as ten grains soda bicarbonate, five grains chloride of ammonium, one ounce glycerine, and one ounce water. (Burney Yeo.)

If warm applications be ordered, let the poultice be light, hot, and changed frequently, and be careful that the binder which keeps the poultice in place does not retard respiration. Bathe the chest twice a day with soap and water and give the warm alcohol rub unless there is an eruption of small pimples, in which case dust with talcum or pulverized boracic powder. An ice-bag over the heart lowers the arterial tension, may quiet restlessness, and bring down the temperature; fill the ice-bag lightly and frequently, however, and take care to avoid any weight upon the heart.

*Guard against heart exertion, allow little speaking, save the patient's strength, and keep free from all excitement.* Remember that heart failure and suffocation are the two most frequent causes of death. As the lung becomes consolidated a greater amount of work will be thrown upon the heart. Watch the pulse and respiration. Count the pulse with the arm lying upon the bed and also in the upright or horizontal position. When the arm lies below the heart level you get the force of gravitation and cannot test the exact strength of the heart-action, but when the arm is raised above or in a direct line with the heart you then get the true force of the beat. It is well to always watch that there is no difference in the strength of the heart and the pulse. As we before mentioned, immediately the pulse does not seem to be in proportion to the movements of the heart—a small pulse and a heart that seems to be beating strongly being indications of serious pulmonary obstruction and possibly of commencing failure of the right heart, and denote that the right heart must be strengthened as much as possible—we again repeat there is immediate necessity of notifying the physician. In taking the temperature never ask the patient to waste his strength by holding the thermometer in the mouth. Always take the temperature by the axilla or rectum.

The *diet* must be liquid, and it is better to give frequently and in moderate quantities. Always rinse or wash the mouth after milk, egg, or broth diet, thus preventing the fermentation of particles of food left in the mouth. Do not give the milk pure, but dilute with an alkaline water. Sometimes a drink of hot milk and soda-water will allay the irritation of the cough. (Burney Yeo.) Give water freely and lemonade if desired, and when the patient is delirious give water at fixed intervals. All nourishment and stimulant must be taken slowly. To put a glass to a patient's mouth and allow him to drink even two ounces without rest will retard the rapid respiration and is certain to excite cough.

Consider every case of pneumonia as infectious, but more especially in the epidemic form. Burn the sputa or destroy with a powerful germicide. Do not use handkerchiefs, but rather old linen or butter-cloth, which can be burned at once. Keep the dishes separate and cleanse them by boiling, with soda bicarbonate in the water. In sweeping the room gather the dust with a broom wet in a strong solution of carbolic acid; wipe the furniture with a wet cloth wrung out of carbolic or formalin solution, and carbolize the towels, bed-linen, and patient's clothing.

In handling the patient take great care to avoid the breath, and warn other members of the household to do so. Carefully cleanse your own mouth with an aseptic tooth-paste or wash; remember that the pneumococcus lurks in the mouth of twenty per cent. of all healthy people.

On the recovery or death of the patient have the room, furniture, and clothing at once disinfected and cleansed as you would after the recovery or death from any other infectious disease. With these precautions we may do something to prevent the terrible progress and ravages of pneumonia.

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## THE SCIENCE OF THE BREATH

By ISOLETTE JEFFERSON

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THE average man uses about one-third, the average woman about one-fifth, of the lung capacity. Children cultivate many bad habits of sitting, walking, standing, and sleeping which are the result of imperfect lung action. Is it not time to revive the almost lost art of correct breathing?

Like the Eastern man who went to California, and when asked